PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

| • | | | | 01 | Fax | (571)-273-2885 | , | | |
|---|--|--------------------------------|------------------------|---|--|---|---|---|--|
| | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | | |
| | | | any change of address) | | | Note: A certificate of | mailing can only be used f | or domestic mailings of the | |
| | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| | 28672 75 | 90 03/21/2006 | | | | Cer | rtificate of Mailing or Tran | smission | |
| | D. PETER HOCH 1940 EAST 6TH S' CLEVELAND, OH | | | | | I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF | his Fee(s) Transmittal is bein with sufficient postage for fill Stop ISSUE FEE address PTO (571) 273-2885, on the | g deposited with the United rst class mail in an envelope above, or being facsimile date indicated below. | |
| 06/8 | 3/2006 DEMMANU2 00000 | | | | | Christine k | | (Depositor's name) | |
| A4 F | | | | Christine Kolnon | | | | (Signature) | |
| VO I | C:2501 C:1504 | 300.00 OP | | | | | - / GIGOWIO | | |
| 03 F | C:8001 | 15.00 OP | | | | June 14, | , 2006 | (Date) | |
| | APPLICATION NO. | FILING DATE | Z | FIRST NAME | INVEN | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| | 10/807,960 | 03/24/2004 | | Robert | Woller | | KH0658US (#90636) | 4089 | |
| | TITLE OF INVENTION: LOCK-IN SUPPORT SYSTEM FOR GRILL | | | | | | | | |
| | APPLN. TYPÉ | SMALL ENTITY | ISSUE F | EE | PL | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| | nonprovisional | YES | \$700 | | | \$300 | \$1000 | 06/21/2006 | |
| | EXAM | IINER | ART UNIT | | CI | ASS-SUBCLASS |] | | |
| | BASICHAS | 3749 | | | 126-02500R | | | | |
| | 1. Change of correspondence | e address or indication of "Fe | e Address" (37 | 2. For prin | inting on the patent front page, list D. Peter Hochberg | | | | |
| | CFR 1.363). | | | | (1) the manies of up to 3 registered patent anothers | | | | |
| | ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | |
| | PTO/SB/47; Rev 03-02 o Number is required. | or more recent) attached. Use | | | | ent attorneys or agents. If no name is 3 | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | | |
| | | | | | | | document has been filed for | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | | |
| Kay Home Products, Inc. Cleveland, Ohi Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | |
| | | | | | Individua C | Individua Corporation or other private group entity Government | | | |
| | 4a. The following fee(s) are enclosed: XXX Issue Fee 4b. Payment of Fee(s): XXX A check in the amount of the fee(s) is enclosed. (\$1,015.00) | | | | | | | 0) | |
| XXX Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. | | | | | 1010304. | • | | | |
| | XXXAdvance Order - # of Copies5 | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | | | | | | | | | |
| | | | | | | | CFR 1.27(g)(2). | | |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified ab NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or oth interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | | ation identified above. the assignee or other party in | |
| | Authorized Signature | | | | | DateJ | une (9 , 2006 | | |
| | Typed or printed name | D. Peter Hochb | erg | | | Registration 1 | No. 24,603 | | |
| | This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, I Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, | |

· PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| OIPE | Application Number | 10/807,960 | | | | | | |
|---|--|-------------------|--|--|--|--|--|--|
| TRANSMITTAL | Filing Date | March 24, 2004 | | | | | | |
| JUN 2.2 2006 * FORM | First Named Inventor | Robert Woller | | | | | | |
| | Art Unit | 3749 | | | | | | |
| (Che Francisco for all correspondence after initial filing) | Examiner Name | Alfred Basichas | | | | | | |
| Total Number of Pages in This Submission | | KH0658US (#90636) | | | | | | |
| | | | | | | | | |
| ENCLOSURES (Check all that apply) After Allowance Communication to TC | | | | | | | | |
| X Fee Transmittal Form X Fee Attached (Check) Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement | Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD | Address X | | | | | | |
| Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 Remarks Please charge any additional fees or credit any overpayn to Deposit Account No. 08-2441. | | | | | | | | |
| | RE OF APPLICANT, ATTO | RNET, OR AGENT | | | | | | |
| D. Peter Hochberg | Co., L.P.A. | <u>·</u> | | | | | | |
| Signature | | | | | | | | |
| Printed name | | | | | | | | |
| D. Peter Hochberg Date June [9, 2006 | | Reg. No. 24,603 | | | | | | |
| Culle 17, 2000 24,003 | | | | | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | | | | | | |
| Signature Christin | e Koban | | | | | | | |
| Typed or printed name Christine Kotran Date June 19, 2006 | | | | | | | | |
| | • | | | | | | | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a collection of information unless it displays a volid OMD or of information unless it displays a volid OMD or of information. Paperwork Reduction Act of 1995 no persons are required to res

Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMIT For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,015.00---

| The state of the s | | | | | |
|--|-------------------|--|--|--|--|
| Complete if Known | | | | | |
| Application Number | 10/807,960 | | | | |
| Filing Date | March 24, 2004 | | | | |
| First Named Inventor | Robert Woller | | | | |
| Examiner Name | Alfred Basichas | | | | |
| Art Unit | 3749 | | | | |
| Attorney Docket No. | KH0658US (#90636) | | | | |

| <u> </u> | | | | | | | | |
|---|--------------------|--------------------------|------------------|---------------|----------------|--------------------------|-----------|-------------------|
| METHOD OF PAYME | NT (check a | l that apply) | | | | | | |
| X Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., -P | | | | | | | | |
| For the above-ider | | | | • | _ | | nochber g | 50., [|
| | · | | rector is nereby | | o. (check an u | iat apply) | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEA | ARCH, AND | EXAMINATION | ON FEES | | | | | |
| | FILING | | SEARCH | | | TION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid | <u>(\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | 1 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | ··· | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | _ |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 | | | | | | | | |
| Multiple dependent clar Total Claims | ims Extra Clain | Foo /\$* | Fee Pai | A (6) | Multiple D | ependent Clain | 360 | 180 |
| - 20 or HP = | | ns <u>Fee (\$</u> x | ree rai | <u>a (3)</u> | Fee (\$) | | | |
| HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep. | Extra Clain | 15 <u>Fee (\$</u> x | Fee Pai | <u>d (\$)</u> | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Cround up to a whole number) x | | | | | | | | |
| 4. OTHER FEE(s) Non-English Specification, \$190 for (no small antity discount) 5 patent copies Other: Small entity issue fee and publication fee 1,000 | | | | | | | | |
| Omer Jina I I C | itor by 13 | Juc Ice | and publ | | | | | |

| SUBMITTED BY | | | | | | |
|-------------------|-------------------|--|-----------------------|--|--|--|
| Signature | W that I | Registration No. (Attorney/Agent) 24,603 | Telephone216-771-3800 | | | |
| Name (Print/Type) | D. Peter Hochberg | | Date 06 / / 9 / 2006 | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.